

ity of the doctor who performed the Caesarian section far more than his obstetrical judgment which was, to say the least, somewhat deficient. It is also a source of wonder that a uterus will stand as much as this one did—two rapidly succeeding pregnancies and long, hard labors in the presence of a Caesarian cicatrix only to subsequently rupture with the third pregnancy before the onset of labor.

#### A SANE YET NON-SAFE FOURTH.

By C. S. G. NAGEL, M. D., San Francisco.

H. L., a healthy girl of four years, kindly referred by Dr. Oscar Mansfeldt, bravely marching by her father's side to a picnic on July 4th last, is struck in the left eye by a rebounding thistle head. Only the slightest reddening noticeable for several days, and thereafter an ever-increasing whitish reflex from the pupil. On July 20th patient first brought to my office. There is a slightly less than 1mm x 1mm circular fresh macula throughout the full thickness of the cornea near its center in the upper outer quadrant. On dilation of the pupil a rather broad posterior synechia manifests itself in the pupillar margin close to the corneal scar and an extensive fresh opaqueness of lens over its upper half is seen. Diagnosis traumatic cataract, the synechia evidently covering the injury to lens capsule. Increasing intraocular tension necessitates a simple linear extraction on August 21st with clear pupil resulting.

Accidental traumatic cataract like the foregoing, without severe destructive ocular complications, from a pointed object thrust into the eye and promptly withdrawn without leaving any foreign matter behind or proving infectious—is extremely rare. In one history recorded the agent is a green horse-chestnut, in another a sparrow's beak, in a third a thorn. Wilful injury along the same lines, with a needle to produce cataract seems to have been not uncommon with recruits for the Russian army in order to escape service. (Talco Klin. Monatsbl. f. Augenhk. 1892 p. 4013.)

Head Building.

#### THE CLASSIFICATION OF NAVAL RECRUITS

By A. W. STEARNS, M. D., Lieut. M. C., U. S. N. R. F.

##### INTRODUCTORY.

Since the period of the present war large numbers of young men have entered the Navy from every walk of life, embracing all degrees of ability, education and training. The numbers have been so large that no personal method of estimating the worth of the individual has been possible, yet, obviously, it is highly desirable that some sort of a classification be made, that each man may as far as possible be used to the best advantage by the Government. The first rough grouping has been made at the recruiting office, but due to the fact that work there was necessarily done hurriedly, and that the mass of recruits could only be enlisted as apprentice seamen, a classification at the training station becomes important.

Something more than a year ago the writer was detailed at a Naval training station as psychiatrist, his duties being to detect those recruits who by reason of mental defect or instability were not qualified for military service. For this purpose a brief life history was taken from each recruit upon his arrival at the station. These history cards were filed, the career of doubtful individuals followed and also failures were studied during their subsequent career. A small percentage of unfit was found, and in general, lack of success by psychopathic individuals seems to be due to one of three factors as follows:

1. Inability to learn,
2. Disciplinary troubles,
3. Sickness.

In the course of this history taking a mass of information was accumulated concerning the entire personnel. Gradually, and at first informally, different departments began to make use of this information. The public works officer, always on the lookout for artisans, began to consult the history files. The executive office searching college boys as possible material for the commissioned officers' school, found the same cards useful, and instructors in the various schools frequently referred to them in connection with their problems. This demand grew to such an extent that it seemed advisable to devise a scheme by which the whole mass of military raw material might be classified and indexed. In starting such a classification, it was somewhat difficult to know where to begin and where to stop. The first question to be answered was, what facts concerning a man are of fundamental importance to the Navy? With simplicity as well as utility in mind, four things were chosen as of primary importance.

*First:* Physical condition, including health in general. This needs no discussion here, as the Bureau of Navigation does not recognize graded service, and so it is presumed that every man accepted is physically fit for general service; those not so found are supposedly eliminated as soon as detected. From the experience of several thousand physical examinations, it would appear to the writer that some improvement could be made in this field if a history were taken and if more emphasis were placed upon function and less upon anatomical findings.

*Second:* Mental condition, including capacity as well as health. Here, again, all accepted are supposed to be free from mental disease or defect. At the present time this is not the fact. Some examining physicians advocate accepting feeble-minded and psychoneurotic patients; others make no attempt to detect them. Anyone advocating the use of mentally handicapped patients for military purposes cannot be familiar with such cases and, from the writer's experience, every attempt should be made to exclude them. Therefore, the first step aiming toward classification must be the detection of the mentally unfit. Having eliminated the unfit, \* those accepted would range in mental

\*Stearns, A. W., Journ. A. M. A., Jan. 26, 1918.  
Stearns, A. W., Naval Med. Bulletin, July, 1918.  
Stearns, A. W., Military Surgeon, Dec., 1918.